

SERFF Tracking Number:	UNUM-126043348	State:	Arkansas
Filing Company:	Unum Life Insurance Company of America	State Tracking Number:	41640
Company Tracking Number:	AE-1065, AE-1067		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Group Term Life		
Project Name/Number:	Conversion Applications/AE-1065		

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Term Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: UNUM-126043348 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: AE-1065, AE-1067

Author: Ellen Desrosiers

Date Submitted: 02/20/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/25/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Conversion Applications

Project Number: AE-1065

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/25/2009

Deemer Date:

Submitted By: Ellen Desrosiers

Filing Description:

Conversion Application Filing

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Maine is our
domicile

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,
Trust

Explanation for Other Group Market Type:

State Status Changed: 02/25/2009

Created By: Ellen Desrosiers

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Ellen Desrosiers, Contract Analyst

2211 Congress Street

EllenDesrosiers@unum.com

800-974-2266 [Phone] 4505 [Ext]

SERFF Tracking Number: UNUM-126043348 State: Arkansas
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Product Name: Group Term Life
Project Name/Number: Conversion Applications/AE-1065

C456 423-785-2914 [FAX]

Portland, ME 04122

Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	Yes
Fee Explanation:	2 forms @ \$20.00 each = \$40.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$40.00	02/20/2009	25843717

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/25/2009	02/25/2009

<i>SERFF Tracking Number:</i>	<i>UNUM-126043348</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>41640</i>
<i>Company Tracking Number:</i>	<i>AE-1065, AE-1067</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Conversion Applications/AE-1065</i>		

Disposition

Disposition Date: 02/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNUM-126043348</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>41640</i>
<i>Company Tracking Number:</i>	<i>AE-1065, AE-1067</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Conversion Applications/AE-1065</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Notification of Conversion Privilege		Yes
Form	Notification of Conversion Privilege		Yes

SERFF Tracking Number:	UNUM-126043348	State:	Arkansas
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Form Schedule

Lead Form Number: AE-1065

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AE-1065	Other	Notification of Conversion Privilege	Initial		52.600	AE-1065.pdf
	AE-1067	Other	Notification of Conversion Privilege	Initial		52.600	AE-1067.pdf



LIFE INSURANCE
NOTIFICATION OF CONVERSION PRIVILEGE
Unum Life Insurance Company of America (Unum)

1. **Conversion rights** – When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to an individual Whole Life Policy or you may purchase a Single Premium Convertible One-Year Term Life Policy. You may purchase either of these options without having to provide evidence of insurability.
2. **Start Conversion within 31 days** – Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert will no longer be available to you.

How to apply for Conversion

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with your first premium payment (made payable to Unum) to:

Unum
Portability and Conversion Unit
2211 Congress St.
Portland, Maine 04122

3. **Amount of coverage you can buy** – When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan.
4. **Cost of an individual policy** – The rates included in this package show the cost of an individual policy. If your rate is not listed, please call Unum at 1-800-635-5597.

COMPLETING THE APPLICATION

1. **Employer completes this section** – Employer must complete the top section of the application before giving to the employee.
2. **Employee completes this section** – Employee must complete this section in order to continue this coverage.
 - a. **Print Insured's Name** – Enter full name, check male or female and enter date of birth.
 - b. **Applicants / Dependent's Name (if other than insured)** – Enter the name of the person applying for insurance if it is other than the insured person. Check male or female and enter date of birth.
 - c. **Insured's Address** – Enter full mailing address of the insured.
3. **What type of insurance are you electing?** You may elect Individual Whole Life or a Single Premium Convertible One-Year Term Life Policy. If you elect the Single Premium Convertible Policy, your Whole Life Insurance Policy will become effective after one year provided the premium due is received within the lifetime of the insured and within the Grace Period as provided in your Whole Life Policy.
4. **What is the amount of insurance you wish to convert** – Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of coverage you held under the group policy.
5. **Check premium payment mode** – Check the box next to the mode of payment that you elect to pay your premiums.
6. **Do you wish to elect Automatic Premium Loan** – You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31 day grace period.
7. **Whom do you wish as beneficiary(ies) under the Individual Policy** – Enter the full name and relationship of your Primary and Contingent beneficiaries.
8. **Signatures** –
 - Insured's Signature** – The person whose life is being covered for insurance must sign the application unless he/she is under 18 years of age.
 - Applicant's Signature** – If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.
 - Owner Signature** – Any person other than the insured must sign as a witness to the application.

Special Instructions for Completing the Application

- A separate application must be completed for each applicant applying for coverage.
- Any changes made to your answers must be initialed and dated.



**APPLICATION FOR CONVERSION OF GROUP
LIFE INSURANCE TO AN INDIVIDUAL
LIFE INSURANCE POLICY**
Unum Life Insurance Company of America

1. Employer Completes this Section

Company Name		Group Policy and Division Numbers	
Employee's Name (Last, First, MI)		Social Security Number	Date of Birth
Dependent Name (if converting dependent coverage)		Social Security Number	Date of Birth
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination	Date of Termination or Reduction	Amount of Coverage Lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Disability (Date last worked)
If yes, see (waiver of premium) Extension of Employee Life Insurance Provision of the group contract, if available under the group plan.			
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the group life coverage previously assigned? (collateral/absolute) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Signature			Date

2. Employee Information

A. Print Insured's Name (Last, First, Mid. Int.)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
B. Applicant's/Dependent's Name (if other than insured)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
C. Insured's Address (No. & Street, City, State, Zip Code)		

3. I elect the following life insurance:

- ☐ Whole Life Only ☐ Single Premium Convertible One-Year Term Life with automatic conversion to Whole Life
Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

4. What is the amount of insurance you wish to convert? \$

Note: The amount may not exceed the amount shown in section 1.

5. Check premium payment mode

☐ Annually
☐ Semi-Annually
☐ Quarterly

6. Do you wish to elect automatic premium loan?

- ☐ Yes
☐ No

7. Whom do you wish as beneficiary(ies) of proceeds under the individual policy?

Primary: _____
If beneficiary(ies) named above not living, then pay:
Contingent: _____

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 4 above, the individual policy will be void from the beginning. In this case, we, Unum Life Insurance Company of America, will refund to the beneficiary any premium paid. **See reverse side for fraud notices.**

8. Insured's Signature	Date	Applicant's/Dependent's Signature	Date	Owner Signature (if other than insured)	Date
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Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

AE-1065 (08/08)

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FRAUD NOTICE

For Residents of the District of Columbia, Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kansas: Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Minnesota: Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.



LIFE INSURANCE
NOTIFICATION OF CONVERSION PRIVILEGE
Unum Life Insurance Company of America (Unum)

1. **Conversion rights** – When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to an individual Whole Life Policy or you may purchase a Single Premium Convertible One-Year Term Life Policy. You may purchase either of these options without having to provide evidence of insurability.
2. **Start Conversion within 31 days** – Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert will no longer be available to you.

How to apply for Conversion

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with your first premium payment (made payable to Unum) to:

Unum
Portability and Conversion Unit
2211 Congress St.
Portland, Maine 04122

3. **Amount of coverage you can buy** – When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan.
4. **Cost of an individual policy** – The rates included in this package show the cost of an individual policy. If your rate is not listed, please call Unum at 1-800-421-0344.

COMPLETING THE APPLICATION

1. **Employer completes this section** – Employer must complete the top section of the application before giving to the employee.
2. **Employee completes this section** – Employee must complete this section in order to continue this coverage.
 - a. **Print Insured's Name** – Enter full name, check male or female and enter date of birth.
 - b. **Applicants / Dependent's Name (if other than insured)** – Enter the name of the person applying for insurance if it is other than the insured person. Check male or female and enter date of birth.
 - c. **Insured's Address** – Enter full mailing address of the insured.
3. **What type of insurance are you electing?** You may elect Individual Whole Life or a Single Premium Convertible One-Year Term Life Policy. If you elect the Single Premium Convertible Policy, your Whole Life Insurance Policy will become effective after one year provided the premium due is received within the lifetime of the insured and within the Grace Period as provided in your Whole Life Policy.
4. **What is the amount of insurance you wish to convert** – Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of coverage you held under the group policy.
5. **Check premium payment mode** – Check the box next to the mode of payment that you elect to pay your premiums.
6. **Do you wish to elect Automatic Premium Loan** – You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31 day grace period.
7. **Whom do you wish as beneficiary(ies) under the Individual Policy** – Enter the full name and relationship of your Primary and Contingent beneficiaries.
8. **Signatures** –
 - Insured's Signature** – The person whose life is being covered for insurance must sign the application unless he/she is under 18 years of age.
 - Applicant's Signature** – If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.
 - Owner Signature** – Any person other than the insured must sign as a witness to the application.

Special Instructions for Completing the Application

- **A separate application must be completed for each applicant applying for coverage.**
- **Any changes made to your answers must be initialed and dated.**



**APPLICATION FOR CONVERSION OF GROUP
LIFE INSURANCE TO AN INDIVIDUAL
LIFE INSURANCE POLICY**
Unum Life Insurance Company of America

1. Employer Completes this Section

Company Name		Group Policy and Division Numbers	
Employee's Name (Last, First, MI)		Social Security Number	Date of Birth
Dependent Name (if converting dependent coverage)		Social Security Number	Date of Birth
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination	Date of Termination or Reduction	Amount of Coverage Lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Disability (Date last worked)
If yes, see (waiver of premium) Extension of Employee Life Insurance Provision of the group contract, if available under the group plan.			
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the group life coverage previously assigned? (collateral/absolute) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Signature			Date

2. Employee Information

A. Print Insured's Name (Last, First, Mid. Int.)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
B. Applicant's/Dependent's Name (if other than insured)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
C. Insured's Address (No. & Street, City, State, Zip Code)		

3. I elect the following life insurance:

- ☐ Whole Life Only ☐ Single Premium Convertible One-Year Term Life with automatic conversion to Whole Life
Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

4. What is the amount of insurance you wish to convert? \$ _____

Note: The amount may not exceed the amount shown in section 1.

5. Check premium payment mode ☐ Annually
☐ Semi-Annually
☐ Quarterly

6. Do you wish to elect automatic premium loan?
☐ Yes
☐ No

7. Whom do you wish as beneficiary(ies) of proceeds under the individual policy?

Primary: _____
If beneficiary(ies) named above not living, then pay:
Contingent: _____

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 4 above, the individual policy will be void from the beginning. In this case, we, Unum Life Insurance Company of America, will refund to the beneficiary any premium paid. **See reverse side for fraud notices.**

8. Insured's Signature	Date	Applicant's/Dependent's Signature	Date	Owner Signature (if other than insured)	Date
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Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

AE-1067 (08/08)

FRAUD NOTICE

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For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kansas: Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Minnesota: Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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SERFF Tracking Number: UNUM-126043348 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 41640
Company Tracking Number: AE-1065, AE-1067
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Conversion Applications/AE-1065

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Score Conversion Apps.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: A policy is not being filed at this time. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: Conversion App Cover Letter.pdf		

Name of Company: **UNUM Life Insurance Company of America**

This is to certify that the forms listed below meet the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Application for Conversion	AE.1065	52.6
Application for Conversion	AE.1067	52.6



Officer's Name

Vice President
Officer's Title

Date: February 20, 2009



February 20, 2009

Rosalind Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Unum Life Insurance Company of America
NAIC # 416-62235; FEIN # 01-0278678
Form # AE-1067, Life Insurance Notification of Conversion Privilege
Form # AE-1065, Life Insurance Notification of Conversion Privilege

Dear Ms. Minor:

Enclosed for your review and approval please find the above captioned forms. This filing consists of a new series of Group Life insurance applications for Conversion, which have been designed and drafted to the extent possible to reflect a uniform look and contain consistent language to streamline the application process. Please note that the only difference between the two Life conversion applications is the phone number on page 1, item 4.

Please note that the forms AE-1067 and AE-1065 are substantially similar to the substantive content of the previously filed AE-1042 form (approved on February 18, 2008), however, the AE-1042 form was erroneously filed with limited variability.

We would like to reserve the right to make non-material formatting changes to these forms including, but not limited to paper stock, typeface (but not font size), and page layout.

We would also like to request the following variability for these forms:

1. Any number may be varied. However, the number will never be below any statutory minimum.
2. If an Employer requests that we pre-fill certain fields on the form before printing, such as Employer name and address information and Group # information, we may provide customized forms for that Employer.
3. If an Employer refers to its employees as something other than "Employee" (for example: Associates or Members), we may replace references to "Employee" with a term appropriate to that Employer. If the Employer is referred to as

something other than Employer (for example: Policyholder) we may replace references to reflect a term appropriate to the Employer.

4. We may delete any boxes or text if it does not apply to a particular plan.

5. We may vary the content of any form completion or mailing instructions in the event it is appropriate for a particular plan.

6. If an Employer wishes to place their name and company logo on the form, we may place this information on the form (in addition to, but not to replace the appropriate insuring entity or the Unum name and logo).

7. The Authorization text or placement of text may vary in response to or to comply with Federal and/or State Privacy laws.

8. Given the various methods for electronic enrollment from which an Employer may choose, such as Interactive Voice Response (IVR) or web-based technology provided via either the Employer's site or a third-party administrator, we wish to allow flexibility in the manner in which we present the questions and other form text. We assure you that the substance and content of the health questions will not vary. Rather, the manner in which questions are presented to the employees may differ according to the technology utilized. For example, one Employer may prefer IVR technology; thus the questions will be read to the enrollee one at a time. The questions will then be replayed along with the employee's answers, to provide an opportunity for the employee to attest to his/her answers. For web-based enrollments, the number of questions contained on a single screen may vary, and the manner in which the enrollee answers the questions may differ. For electronically transmitted or displayed forms, we will use characteristics designed to meet the same regulatory objective as does the hardcopy form.

If anything further is needed to complete this submission, please do not hesitate to contact me at (800) 974-2266 extension 54505, fax (423) 785-2914, or email ellendesrosiers@unum.com.

Sincerely,

A handwritten signature in cursive script, reading "Ellen J. Desrosiers".

Unum Life Insurance Company of America